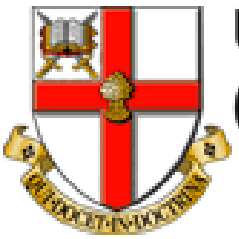

University of Chester

Faculty of Applied Sciences

Department of Clinical Sciences and Nutrition

MSc. Public Health Nutrition

Project Title: 'Pregnancy, Boobs, Breastfeeding & Babies' - An explorative insight into the enabling factors supporting successful breastfeeding among young mothers from low socioeconomic groups in Cheshire

Student Name: Seóna Dunne

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DECLARATION

I hereby confirm that the work submitted for this assessment is my own work and that I correctly acknowledged the work of others. I declare that this assignment does comply with the word count specified.

Signed: Seóna Dunne, student number: 1300009

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LIST OF ABBREVIATIONS

IFS	Infant Feeding Survey
NHS	National Health Service
NICE	National Institute of Health and Care Excellence
SACN	Scientific Advisory Committee on Nutrition
UK	United Kingdom
WHO	World Health Organization

LIST OF DEFINITIONS

Breastfeeding - Breastfeeding includes the child receiving breastmilk, either directly or indirectly from the breast or expressed; it may include exclusive, predominant and partial breastfeeding (UNICEF, 2015)

Exclusive breastfeeding - Exclusive breastfeeding is defined as when the infant has received only breastmilk from his/her mother or a wet nurse, or expressed breastmilk, and no other liquids or solids, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (UNICEF, 2015)

Peer support - Peer support is an approach where women that have had personal and practical experience of breastfeeding offer support to other mothers (Grant & Ogden, 2012)

Self-Efficacy – Self - Efficacy is described as an individual's confidence in his or her perceived ability to perform a specific task or behaviour (Bandurra, 1977)

MSc. Public Health Nutrition

Literature Review

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Abstract

Exclusive breastfeeding to six months of age has been one of the primary aims of nutrition and public health programs across the world (Shahla, Fahy, & Kable, 2010). The benefits of breatfeeding particulary in recent times have been quite established and despite public health initiatives,breastfeeding practice rates in western countries including the UK do not appear to be significantly improving; with most women not continuing breastfeeding until six months postpartum (Shahla, Fahy, & Kable, 2010). Globally, breastfeeding makes an important contribution to meeting the target to reduce infant mortality (Youens, Chisnell, & Marks-Maran, 2014).

It has been shown that mothers from lower socio economic groups, who are less educated, single and younger are less likey to breastfeed (Stewart-Knox, 2013). Low breastfeeding rates in the UK have led to an increased incidence of illness which in turn, has a significant cost implication on the health service (Entwistle, 2013). According to UNICEF, increasing breastfeeding rates in the UK could save the NHS up to £40 million (Thomas, 2014). The Infant Feeding Survey (IFS) 2010, has shown initial breastfeeding rates in the North West of England at 76%. This is below the national average of 83% for England. After 6 months this rate drops to 29%. The Department of Health in England reccommends exclusive breastfeeding for the first six months of life yet by six months, in England, only 34% of babies are breastfed and only 1% of infants are exclusively breastfed (Health and Social Care Information Centre, 2012). Many women do want to breastfeed but without the necessary support, many do not achieve this goal (Thomas, 2012). By understanding what enourages and supports this 29% breastfeeding group to continue breastfeeding, it can help breastfeeding leaders, co-ordinators and support workers to apply these factors to future campaigns and activities surrounding breastfeeding practices.

CHAPTER 1

1.0 Introduction

Nutrition is of fundamental importance for the growth, development and health of an infant during the first six months of life (Mother & Infant Research Unit, n.d.). The years between 0 and five are demanding for the developing child – years in which they acquire many physical, social and psychological structures for life and learning (Williams & Foyle, 2013). Breastfeeding is universally acknowledged as providing health benefits to mother and child (Dykes & Flacking, 2010). The promotion and support of breastfeeding is a global priority with unarguable benefits for maternal and infant health (Bartington, Griffiths, Tate, Dezateux, & group, 2006). Additionally, mothers who feel empowered to breastfeed successfully are more likely to breastfeed exclusively and continue breastfeeding (Association of Women's Health, 2015). There is clear evidence of the health benefits of breastfeeding for both the mother and her infant in the short and longer term and the scientific evidence linking early diet to lifelong physical and mental health has strengthened considerably (Mother & Infant Research Unit, n.d.) (Williams & Foyle, 2013). In addition, a recent study also suggests a positive association between breastfeeding and parenting capability, particularly among single and low-income mothers (England, 2014).

1.1 Why Breastfeed?

A child's diet during the early years is linked to the incidence of many common childhood conditions such as diarrhoeal disease, dental caries and iron and vitamin D deficiencies (The National Institute of Health and Care Excellence, 2014); further proving the case for optimum nutrition during at least, the first one thousand days of an infant's life. This first one thousand days is seen as a critical window of opportunity to get food and nutrition right for every individual around the world (Crawley, 2014). Breastfed infants also have more control over how much food they eat and when they eat which, interestingly enough, may be part of the association between reduced rates of obesity among breastfed infants (Association of Women's Health, 2015). The World Health Organization defines breastfeeding as an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers (World Health Organization, 2015). Breastfeeding includes the child receiving breastmilk, either directly or indirectly from the breast or expressed; it may include exclusive, predominant and partial breastfeeding (UNICEF, 2015). Ensuring that mothers are provided with the effective support and tools needed to breastfeed their new born paves way for a clear case of investing in services to support breastfeeding as part of a local child health strategy (England, 2014). Promoting breastfeeding not only allows for an infant's nutritional needs to be met but also enables the emotional and developmental needs of the mother and child to be obtained (Hauck & Reinbold, 1996).

Current UK policy is to promote exclusive breastfeeding for the first 6 months of life (Department of Health, 2003). Exclusive breastfeeding is defined as when the infant has received only breastmilk from his/her mother or a wet nurse, or expressed breastmilk, and no other liquids or solids, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (UNICEF, 2015). Thereafter, UK policy recommends that breastfeeding should continue for as long as the mother and baby wish, while gradually introducing a more varied diet (Department of Health, 2003).

Virtually all mothers can breastfeed, provided they have accurate information, the support of their family, the health care system and society at large (The World Health Organization, 2015). Where breastfeeding is not a normative behaviour many women may find it socially challenging to breastfeed and so do not receive the necessary support (Thomas, 2012). The aforementioned factors are crucial in providing the provision needed by new mums to confidently adapt to this new behaviour. The latter also introduces a major factor in a mother and child's health and nutrition wellbeing which further impacts on their breastfeeding status – the concept of social determinants of health described by Dahlgren & Whitehead in 1991.

1.2 Breastfeeding in the UK

Breastfeeding has different meanings and levels of acceptance in different cultures; therefore, it is essential that providers explore the specific breastfeeding concerns of the individuals with whom they are working with (Association of Women's Health, 2015). For the past 50 years or more, breastfeeding rates in the UK have been among the lowest in Europe and the rest of the world (Health & Social Care Information

Centre, 2010) (Thomas, 2012). The decline in breastfeeding rates in the first half of the 20th century across many developed countries resulted from a combination of factors that included the widespread availability of breastmilk substitutes, bottles and teats, the medicalisation of childbirth and nutrition, and the increased employment of women outside the home (Health & Social Care Information Centre, 2010). The Department of Health has recognized the potential impact upon public health to be gained by increasing breastfeeding with particular focus upon socially excluded groups (Ingram, Cann, Peacock, & Potter, 2008). Additionally, in 2007, the UK adopted the 2005 WHO international growth standard and new UK-WHO growth charts were launched nationally in 2009. This development is conceptually important because it clearly signals breastfeeding and the pattern of growth associated with it as normative descriptors of infant health (Williams & Foyle, 2013).

The Infant Feeding Survey, conducted every five years in the UK since 1975 aims to provide estimates on the incidence, prevalence and duration of breastfeeding and other feeding practices adopted by mothers in the first eight to ten months after their baby was born (Health and Social Care Information Centre, 2012). Thus, this survey proves to be imperative in understanding the breastfeeding culture in the UK. The British Medical Association's (BMA) 2009 report 'Early life nutrition and lifelong health' highlights the importance of breastfeeding and raises concerns about the need to increase breastfeeding rates in the UK – including addressing the inequalities in breastfeeding between socioeconomic groupings (Williams & Foyle, 2013). As a result of a World Health Organization (WHO) systematic review commissioned in 2000 on the optimal duration of breastfeeding which recommends exclusive breastfeeding up to 6 months of an infant's life; this was later introduced into the WHO global strategy

and further adopted by UK health departments on the advice of Scientific Advisory Committee on Nutrition (SACN).

Results from the UK Infant Feeding Survey 2010 revealed that 83% of women in England breastfed their babies after birth, 78% after two days and 57% at six weeks. Encouragingly, mothers in the UK are breastfeeding their babies for longer with one in three mothers still breastfeeding at six months in 2010 compared with one in four mothers in 2005 (The Health and Social Care Information Centre, 2012). Promisingly, The Infant Feeding Survey, 2010 highlights that initial breastfeeding rates have increased from 76% in 2005 to 81% in 2010. The latter includes all babies who were put to the breast at all, even if this was on one occasion only, and also includes giving expressed breastmilk (The Health and Social Care Information Centre, 2012).

For England, breastfeeding rates in 2010 were recorded at 83% which is an improvement on initiation rates in 2005 which was registered at 78% (The Health and Social Care Information Centre, 2012). This steady rise in breastfeeding rates illustrates a positive picture however it must be noted that the proportion of mothers following current UK government guidelines on exclusive breastfeeding remained unchanged between 2005 and 2010 (The Health and Social Care Information Centre, 2012). The IFS, 2010 portrays that one in every hundred mothers are exclusively breastfeeding for the first 6 months of their baby's life. What needs to be understood is what is encouraging these mothers to breastfeed? What is supporting their breastfeeding journey?

Looking at breastfeeding rates in England on a wider scale and comprehending the breastfeeding status among the diverse population provides an indication on what group in society breastfeeding rates are higher. Understanding this allows for effective

promotional measures to be considered and implemented in areas where rates can be improved. It has been shown that in the UK, women from disadvantaged communities are significantly less likely to start breastfeeding and more likely to discontinue breastfeeding prematurely when they do start (Mother & Infant Research Unit, n.d.). An explanation for this continuing cycle could be down to the fact that many women from disadvantaged communities do not get the opportunity to observe other breastfeeding women before they attempt to breastfeed themselves (Thomas, 2012). Thus, further proving the case for breastfeeding to become a normal behaviour within society.

1.3 Support

Social support from family, friends and partners are among the most important factors affecting young mothers' infant feeding choice (Hall Smith, Coley, Labbok, Cupito, & Nwokah, 2012). Young mothers are strongly influenced by their partners, mothers and peers and they rely on them for breastfeeding information and support (Noble-Carr & Bell, 2012). Additionally, midwives and lactation consultants play a core and vital role in the breastfeeding journey. These health professionals are actively engaged in attempting to increase women's rates of breastfeeding to at least six months postpartum (Shahla, Fahy, & Kable, 2010). It is known that many women give up breastfeeding before they want to or because they have experienced difficulties that could have been prevented by the skilled help (Davis, 2011). This further highlights the importance of the support network. Although at the same time, while it is important for health professionals to inform new mums about breastfeeding and encourage this feeding method; it is also imperative for this cohort to remain supportive in whatever

feeding method the new mother chooses and avoid the risk of inducing feelings of guilt in mothers who do not initiate or continue to breastfeed and to support the infant feeding choice (Department of Health S. S., 2013). Evidence from the UK Infant Feeding Survey suggests that women can sometimes feel/ perceive themselves to be under pressure to breastfeed from health professionals (Department of Health S. S., 2013).

Knowing that successful longer term breastfeeding is inversely correlated with being young, undereducated, unmarried and living in relative poverty helps midwives to better target their education and support to these groups of women (Shahla, Fahy, & Kable, 2010). DiGirolamo et al (2005) believe that women who experience problems develop greater self-efficacy and that is positively associated with breastfeeding for longer as the woman develops confidence in her ability to solve breastfeeding problems. Some authors indicate that women who are positive thinkers and problem solvers, perceive breastfeeding problems as “normal”, whereas women who are self-doubting, anxious and rigid in their breastfeeding practice are more likely to focus on negative aspects of breastfeeding (Shahla, Fahy, & Kable, 2010). Psychosocial factors also play an important role in a mother’s breastfeeding journey. Hauck & Reinbold (1996) suggest that a woman’s evaluation of her own breastfeeding journey may be linked with her assessment of her ability as a mother. Shahla, Fahy & Kable (2010) highlight that the strength of the intention to breastfeed, the level of support from their partner and family of origin and the level of a woman’s breastfeeding confidence are all amenable to being strengthened by antenatal interventions.

1.4 Role modelling/Peer support

The Department of Health has outlined the importance of breastfeeding as a major public health intervention in the Healthy Lives, Healthy People (DH 2010) white paper and the new Operating Framework (DH 2010) document; they also recognise peer-supporters as an important part of developing any breastfeeding strategy (Grant & Ogden, 2012). The goal of peer support is to encourage and support the new pregnant mother as well as those breastfeeding. The supporter is a true peer of the breastfeeding mum and not a healthcare professional (McKie, 2009).

'Peer support' is an approach where women that have had personal and practical experience of breastfeeding offer support to other mothers (Grant & Ogden, 2012). The WHO's Global Strategy for Infant and Young Child Feeding recommends national governments take forward breastfeeding peer support (BPS) interventions as part of a package of measures aimed to improve breastfeeding outcomes (Trickey, 2013). Additionally, The Healthy Child Programme advocates the use of peer support schemes combined with media campaigns to promote and support breastfeeding and acknowledges the effectiveness of peer support in the promotion and support of breastfeeding (Shribman & Billingham, 2009). The use of peer supporters in areas of deprivation and social exclusion has been suggested as a way forward in reaching out to all areas of the community, in order to influence positive lifestyle changes and to promote empowerment and ownership (Youens, Chisnell, & Marks-Maran, 2014). Peer supporters can be one of the important strands in helping and empowering mothers with their choice to breastfeed. (Youens, Chisnell, & Marks-Maran, 2014). This type of programme includes psycho emotional support, encouragement, education about breastfeeding, and signposting for support with solving problems (Grant & Ogden, 2012). It is recommended that peer support programmes are best

used as part of a multi-faceted approach and not just a stand-alone intervention (Grant & Ogden, 2012). Benefits of peer support in breastfeeding are widely acknowledged as a method of supporting and encouraging a longer duration of breastfeeding. These benefits are excellently illustrated below by Heisler (2006).

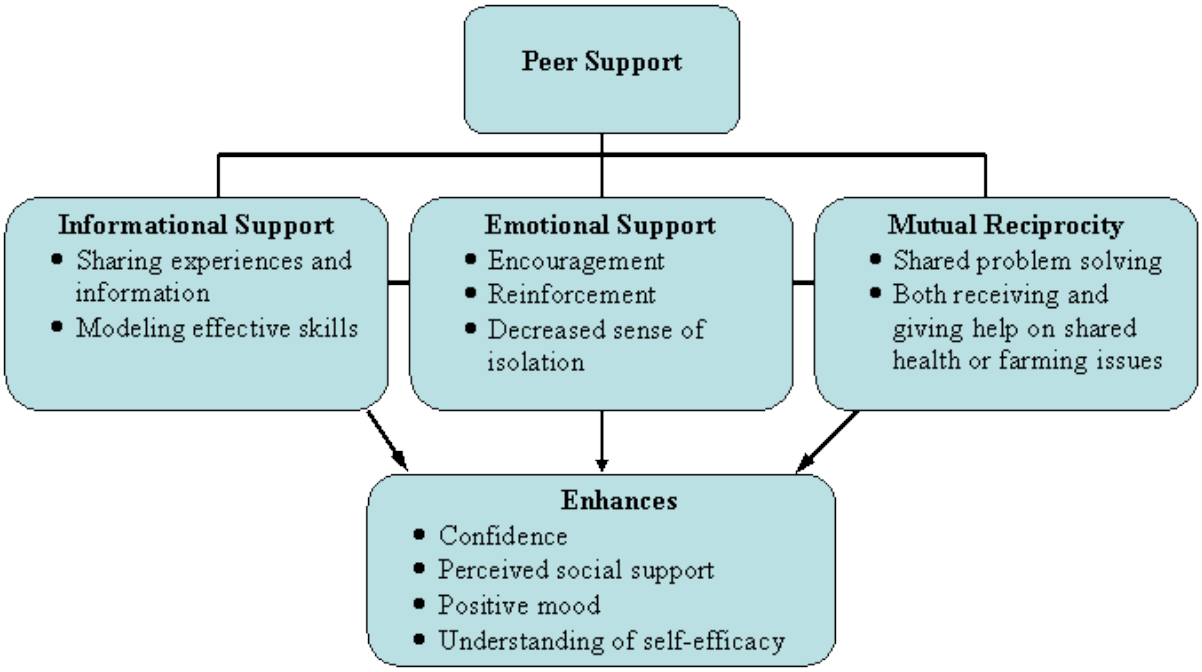

Figure 1: The Benefits of Peer Support. Adapted from: Heisler, M. Building Peer Support Programs to Manage Chronic Diseases: Seven Models for Success. California Health Care Foundation, 2006.

According to Heisler (2006), NICE guidance states that a peer-support programme for women who breastfeed needs to:

• be effective and efficient

• be responsive to the needs of women and their babies

• provide support and care, based on best practice, NICE guidance recommends 1 WTE (whole time equivalent or full-time) peer supporter is employed for every 250

births, refer to NICE public health guidance PH11 on maternal and child nutrition (NICE 2008a) and NICE clinical guideline CG37 on postnatal care (NICE 2006)

• deliver the required capacity

• be integrated with other elements of care for women requiring support for breastfeeding

• define agreed criteria for referral, local protocols and the care pathway for women requiring support for breastfeeding

• be family-centred and provide equitable access, ensuring that women are treated with dignity and respect, are fully informed about their care and are able to make decisions about their care in partnership with healthcare professionals

• demonstrate how it meets requirements under equalities legislation

• demonstrate value for money

Ensuring that the above criteria is adhered to and followed in any peer-support programme and intervention can provide scope and allow for effective and positive results in breastfeeding peer-support.

1.5 Effective use of a peer support scheme

The use of a peer support scheme in increasing breastfeeding rates in the UK has proven to be successful in Gravesham, Kent. This is an area with pockets of high deprivation, a birth rate of 2000 babies per annum and 7000 children under five years of age (Office for National Statistics, 2010). This local peer-support scheme, known as the Breast Buddies scheme is held at the Gravesham Sure Start children's centre. The

Sure Start centre was chosen as a venue due to the centre's focus of addressing the inequalities in communities and identifying the health and social care needs of the community. The scheme provides assistance to mothers and their partners who have breastfeeding issues and concerns (Youens, Chisnell, & Marks-Maran, 2014). The two aims of the scheme are to increase the rates of breastfeeding and have a positive impact on attitudes towards breastfeeding in the local area; and to examine the extent to which any success of the scheme has an impact on services to women in the local area (Youens, Chisnell, & Marks-Maran, 2014). The Breast Buddies are local mothers who have had experience of breastfeeding and wish to support other new mothers to overcome problems or concerns faced when nursing a new baby (Youens, Chisnell, & Marks-Maran, 2014). This local support, mirroring and fellow peer experience has shown to be effective and unquestionable when providing new mums with support, encouragement and empowerment. The latter is especially the case when faced with issues of barriers between the peer and professional support as briefly mentioned before.

Benefits of the scheme are recognized in terms of breastfeeding initiation rates, benefits to mother and baby and benefits to the peer supporter as well. Since the introduction of the Breast Buddies scheme in the local areas of this part of Kent, the breastfeeding rates have increased from 28% to 38% respectively. The provision of a formalised peer-support programme has further raised the profile and kudos of breastfeeding and the skills required of mothering (Youens, Chisnell, & Marks-Maran, 2014). In addition and as a direct result of the Breast Buddies scheme a number of additional services are now on offer within the area such as additional mother-to-mother support provided within the children centres and local hospital and regular

drop-in sessions that provide the services of a breastfeeding peer supporter (Youens, Chisnell, & Marks-Maran, 2014).

Understanding the positive impact and influences the Breast Buddies scheme has to the mothers, peer supporters and the wider society of Gravesham, Kent pinpoints an important resource and an effective method in supporting and further positively influencing the practice of breastfeeding among similar communities throughout the UK.

1.6 Self – Efficacy and Breastfeeding

Studies suggest that breastfeeding initiation and sustainability is a complex issue (Youens, Chisnell, & Marks-Maran, 2014). However, self-efficacy has received attention as a predictor of health related behaviours (Eidman, 2011). It is described as an individual's confidence in his or her perceived ability to perform a specific task or behaviour (Bandurra, 1977). Many studies have shown that maternal breastfeeding self-efficacy is a significant predictor of breastfeeding duration and level (Blyth, et al., 2002). In addition, Dennis' Breastfeeding Self-Efficacy framework (1999), which is derived from Bandura's Social Cognitive Learning Theory (Bandura, 1977) uses her framework to understand the role self-efficacy plays in relation to breastfeeding behaviours (Eidman, 2011). Maternal breastfeeding confidence or self-efficacy is a variable that is modifiable through interventions such as education and support (Eidman, 2011). Youens, Chisnell, & Marks-Maran (2014) report that self-efficacy, self-worth, self-belief and body image appear to be important in the initiation and continuation of breastfeeding. The latter highlights the importance and effectiveness a mother's self-confidence has on her duration of breastfeeding. This is reinforced by Eidman, (2011) who states that the variable of self-efficacy or maternal confidence is

one that can be modified and enhanced through prenatal breastfeeding education. Blyth, et al., (2002) found new mothers with high self-efficacy were significantly more likely to continue to breastfeed to 4 months postpartum and do so exclusively compared to mothers with lower scores. Research reviewed by Eidman (2011) concluded high self-efficacy was related to breastfeeding initiation and exclusivity, whereas low self-efficacy was related to bottle feeding at 1 week postpartum. This shows a significant relationship between self-efficacy and breastfeeding behaviour. It also raises the question in regards to services available to new breastfeeding mothers that can enhance or support their self-worth, self-efficacy and body image which adversely impacts on their breastfeeding journey.

A campaign currently run in the UK which in adversely looks to improve a new breastfeeding mum's self-confidence while also celebrating the fact that she breastfeeds is the 'Be a Star' campaign. This campaign is dedicated to increasing the number of young mums aged between 16 and 25 years old who choose to breastfeed by showcasing the beauty, confidence and pride that comes with breastfeeding (Be a Star, 15). The campaign does this by celebrating mothers who breastfeed as "Stars" and supporting them through the breastfeeding process, via peer support and improving understanding and acceptance of breastfeeding within the community (The National Social Marketing Centre, 2011). These 'stars' are styled to look like models, celebrities, singers and actresses, further improving their self-confidence and attitude towards breastfeeding.

'Be A Star' first launched in Central Lancashire in March 2008 and has since been rolled out to 14 other primary care trusts (PCTs) throughout England (The National Social Marketing Centre, 2011). Initial research pre-programme carried out by Lancashire PCT highlighted that most young breastfeeding mums cannot identify with

national campaigns and are interested in and influenced by glamour, brands, image and celebrity, but are fickle about celebrity – stars are here today gone tomorrow (The National Social Marketing Centre, 2011). Research conducted with young mothers showed that decisions on how to feed their baby was strongly influenced by the attitudes and opinions of those close to them - including their parents, their partners, their friends and, of course, their baby (Star, The Be a Star Campaign, 2009). Due to the latter, the campaign branding and materials were based on the findings that young pregnant women were attracted to celebrity culture and the glamorous lifestyles that went along with this, yet they were also more likely to respond to real situations and real people. These 'stars' are styled in a variety of glamorous celebrity roles with the aim to create the image of breastfeeding as something cool, glamorous, stylish and something to be proud of (The National Social Marketing Centre, 2011).

The campaign further aims to assert young women's independence and provides positive role models to show other young women that breastfeeding is "for them" (The National Social Marketing Centre, 2011). Benefits of this social marketing campaign have been witnessed in various different forms since its conception in Central Lancashire. The National Social Marketing Centre (2011), illustrated that breastfeeding initiation rates within 18- to 25 year-olds increased from 52 per cent in March 2008 to 63.6 per cent in April 2008 and 63.1 per cent in May 2008. Equally, breastfeeding initiation rates for all mums in Central Lancashire also increased from 66 per cent in March 2008 to 70 per cent in May 2008 (The National Social Marketing Centre, 2011). However, while these figures are encouraging further benefits include three 'Stars' becoming peer-to-peer supporters and one enrolling on a midwifery course.

By November 2010 there had been 65,552 visits to the ‘Be A Star’ website as well as positive feedback of mums experiences following access to peer support and the online blog (The National Social Marketing Centre, 2011). This data further highlights the importance self-efficacy and the role of peers has on a mother’s breastfeeding journey. The encouragement received and given by the young mum’s provides them with that local support network that becomes invaluable when facing a challenging breastfeeding experience. Being able to empathise and connect with a peer who has had a similar experience allows a young mum to keep comfortable and content without being discouraged to continue breastfeeding. The ‘Be a Star’ campaign does appear to meet the end goal that presenting breastfeeding as something that is appealing to other young mums and mums-to-be (Star, The Be a Star Campaign, 2009).

1.7 Assets based approach

The health care climate is changing. A greater demand on the health care system is being recognized and new strategies to address various ailments are constantly being researched. When working with people in community settings, especially in the field of breastfeeding it is important for health care professionals to take the positive approach and have an open mind perspective. 'A Glass Half-full' approach offers a fresh perspective on how to reduce inequalities in community health and wellbeing (Foot & Hopkins, 2014). It is imperative that health professionals care and empower breastfeeding mums, providing them with the encouragement and resources allowing them to take control of their own health and breastfeeding journey.

Working and learning to care with individuals by understanding that they are experts in their own communities is called an asset-based approach to public health (Henry,

2014). Utilizing this approach changes the typical health professional to patient relationship. It is allowing patients to take control of their own health and so, their life. Understanding the needs of the community and responding in an empathetic and supportive manner builds on the strengths and resources in a community to increase resilience and social capital, and develop better ways of delivering health outcomes (Foot & Hopkins, 2014). The theory of salutogenesis, relates in very well to this approach. This theory highlights the factors that create and support human health and well-being, rather than those that cause disease (Lindstrom & Eriksson, 2005). In regards to breastfeeding and young mothers it is looking at their support network and understanding what is encouraging this cohort to adopt this new behaviour, initiate and continue breastfeeding. Thereby, supporting the health of the mother and new born child.

Some of the most powerful influences on behaviour change are family and neighbours, and a collective sense of self-esteem, helping people believe that it is possible to take actions to improve health and well-being (Foot & Hopkins, 2014). In addition, this salutogenic model of working focuses on the resources and capacities that people have which positively impact on their health and particularly their mental well-being (Lindstrom & Eriksson, 2005). This once again brings a mothers self-efficacy and self-worth into context and understanding how combining this with the positive impact an assets based approach can have in encouraging breastfeeding among young mothers gives huge scope for further research. Acquiring information on what influences breastfeeding experiences has the potential to better equip policy makers and public health practitioners in creating programmes for various societal groups which may help to bring the population closer to the infant feeding practices as recommended by the Department of Health and WHO. By working with communities it gives the

opportunity for negative societal attitudes towards breastfeeding to change and a new breastfeeding culture to be born.

1.8 Conclusion

It is well noted that breastfeeding provides enormous benefits to both mother, child and society as a whole. Breastfeeding is an intimate relationship between a mother and her infant, a personal experience that is difficult to be replicated in any other form. In the UK, rates of breastfeeding initiation and continuation remain at an undesirable level; this is especially the case for young mothers under the age of 30 that are from low-socio economic areas. The importance of breastfeeding on Public Health and the Public Health system is recognized nationally and globally.

There is a huge focus in literature on the challenges and barriers that new breastfeeding mums face. Questions are rife, asking why new mums aren't breastfeeding and what is preventing them from adopting this natural behaviour. However, in comparison, there is little research asking those mums who do breastfeed, how they are doing so and what is supporting and encouraging them in their feeding choice. It has been mentioned that peer-support programmes taken place in local communities throughout the UK can have a positive impact on initiation and continuation rates as well as shifting societal attitude to breastfeeding being recognized as a norm. Promotion of successful breastfeeding has long been a major focus of health professionals and utilizing methods like the aforementioned provide an opportunity to increase initiation and continuation rates.

In addition, understanding and appreciating a woman's evaluation and assessment of her own breastfeeding experience for its uniqueness enhances her own maternal self-

belief and supports her role as a mother. This ‘glass half full’ approach allows for a mother’s voice to be listened to and her journey to be shared. This joined up approach takes away the perceived feeling of isolation and loneliness and allows breastfeeding to open up as a societal norm and an experience to be celebrated. By working with breastfeeding mums and understanding what enourages them to initiate and continue breastfeeding, it can help breastfeeding leaders, co-ordinators and support workers to apply these factors to future campaigns and activities surrounding breastfeeding practices. Thus, improving the quality of life of both mother and child.

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MSc. Public Health Nutrition

PROJECT REPORT

Project Title: 'Pregnancy, Boobs, Breastfeeding & Babies' - An explorative insight into the enabling factors supporting successful breastfeeding among young mothers from low socioeconomic groups in Cheshire

Word Count: 4,250

Key Words: Young women, rates in the UK, motivational factors, infant feeding

Date Submitted: September 2015

Rationale:

This proposed report is of a suitable nature to be included in the International Breastfeeding Journal. This open access, peer-reviewed online journal aims to encompass all aspects of breastfeeding (International Breastfeeding Journal, 2015), the core nature of this project. The journal further seeks to address and include the topic of encouraging successful breastfeeding and understanding the factors associated with it, the primary objective of this report. Having a multi-disciplinary, highly regarded journal that focuses on this natural feeding method unifies all aspects of breastfeeding into one central hub.

Study Abstract

Background and aims

Study aim: To explore factors enabling young women from low socio economic areas in Cheshire to successfully breastfeed for at least 6 weeks

Study design: Small (n = 6) qualitative study using face-to-face, semi-structured interviews with participants aged 18 - 30 years from Cheshire West, UK

Findings: Women in this study were extremely proud of their breastfeeding journey and their success in feeding their child for at least six weeks. While they faced various challenges with breastfeeding and public perception; support systems such as family, friends and social media enabled and motivated them to continue with this natural feeding method.

Conclusion: The practice of breastfeeding is known for its clinical and non-clinical benefits to both mother and baby. However, in order to attempt to increase breastfeeding rates a shift in societal attitude is required. Understanding what encourages and supports young mothers of today to breastfeed provides an insight into what could enable other young mums to initiate breastfeeding and so assist in creating a culture where breastfeeding is seen as a norm.

Chapter 2. INTRODUCTION

The first one thousand days is seen as a critical window of opportunity to get food and nutrition right for every individual around the world (Crawley, 2014). Breastfeeding plays an imperative role within these thousand days and is a priority for improving Children's health (Department of Health, n.d.). Breastfeeding provides numerous health benefits to the nursing mum and child (Powell, Davis, & Anderson, 2014). This natural feeding method has some of the most wide-reaching and long lasting effects on a baby's health and development including lowering the risk of a babies chance of obesity, type one and type two diabetes as well as enhancing the mothers protection against breast and ovarian cancer (UNICEF, 2010). These benefits are becoming increasingly acknowledged especially within the media and greater society. Despite this, initiation and continuation rates of breastfeeding are still below desired levels within the UK.

It has been shown that mothers from lower socio economic groups, who are less educated, single and younger are less likey to breastfeed (Stewart-Knox, 2013). Low breastfeeding rates in the UK have led to an increased incidence of illness which in turn, has a significant cost implication on the health service (Entwistle, 2013). The Infant Feeding Survey (IFS) 2010, has shown initial breastfeeding rates in the North West of England to be at 76%; this is below the national average of 83% for England.

Focusing on the North West of England and in particular the community of Ellesmere Port, Cheshire the rates of breastfeeding mirror the latter. This is an area identified in Indices of Deprivation 2010 report by Cheshire West and Chester Council as a neighbourhood of deprivation. Initiation rates particuarly in the Portside area, a focus of the study, are at 21% whereas at 6-8 weeks, prevalence levels are at 34%

(Ellesmere Port Grouping 2, 2015). Unfortunately this is lower than the levels in Cheshire West and Chester. In order to combat this, a priority, as identified by a local Children's Centre is to increase breastfeeding rates and support within the local community over the next year. Understanding this and acknowledging the fact that there are approximately 3000 children under the age of five years old living across three deprived areas in Ellesmere Port highlights how an improvement in health inqualities can make to the local community through this cost-free, natural feeding method of breastfeeding.

By acknowledging the importance of breastfeeding for the future health of the mother and new born and wider communities can help bridge the gap in health disparity and inequality.

Chapter 3. METHODS

3.1 Study Design

Due to the inductive and exploratory purpose of this study, a qualitative approach was deemed the most appropriate research design. One to one, face to face, semi-structured interviews were adopted as the primary source of data collection to this project. Interviews involved using a guide of pre-designed, open-ended questions which relate back to the research question; while also acknowledging the conversational nature of this style of interview (appendix A). By conducting a semi-structured interview it allowed creativity and flexibility to ensure each participant's successful breastfeeding story is fully uncovered (Knox & Burkard, 2009). The conversational nature of this type of interview was chosen to be familiar to the interviewee by mirroring similar experiences they have had in this type of study setting.The interviews lasted approximately thirty to forty minutes, which reflects work published by DiCacco-Bloom & Crabtree (2006).

3.2. Ethical approval

Ethical approval was sought and obtained from the University of Chester Ethics board (appendix B & C).

3.3 Population and Subjects

3.3.1 Sampling frame

Young mothers between the ages of 18 years and 30 years of age living in socially deprived areas that is, an area or locality described or designated as an area of high social and economic deprivation, including high unemployment of Ellesmere Port, Cheshire who have breastfed for at least 6 weeks at time of recruitment.

3.3.2 Sampling strategy

A purposive sampling approach was used to recruit women who met the above sampling criteria. Purposive sampling identifies those from which one can learn a great deal about issues of central importance to the purpose of the research (Patton, 2002).

3.3.3 Sample size

A total of six women took part in the interviews leaving the final sample size of six.

3.3.4 Recruitment

Gatekeepers, described by Sullivan, Gibson & Riley (2012) as people who control access to potential participants were involved in this study in order to aid with recruitment. The gatekeepers here included the Integrated Early Support Manager of Ellesmere Port, The Infant Feeding Co-ordinator of Ellesmere Port, as well as an organisation based in Cheshire West known as ‘Healthbox Community Interest Company’. These gatekeepers were chosen due to their knowledge and experience

of working in the community of Ellesmere Port. The gatekeepers were initially contacted via email informing them of the project and seeking their support and permission to be involved with this study. They were provided with a document known as a 'Letter of Invitation to Gatekeepers' which contained further detail of the project as well as participant inclusion and exclusion criteria (appendix D).

Initially Gatekeepers were requested to identify women who they thought fitted the inclusion criteria and would be interested in taking part in the project. Following this and due to the narrow inclusion criteria and short project time frame a recommendation was proposed. The Infant Feeding Co-ordinator suggested recruiting participants through the area's Facebook page, 'Bosom Buddies Breastfeeding Support Chester and Ellesmere Port' Facebook page. A post was written onto the Facebook page inviting the mother's to participate in the study (appendix E). This recommendation proved to be successful with 15 mothers expressing interest in the study but only seven met the inclusion criteria.

3.3.5 Inclusion criteria

Inclusion criteria stated that the potential participant must be a young mother, 30 years of age and under who has breastfed for at least 6 weeks or who is breastfeeding at time of recruitment. The participant must also be from a socially deprived area in Cheshire.

3.3.6 Exclusion criteria

Exclusion criteria to the project involved either mother or baby having a severe illness or if the mother has been a member of an organised breastfeeding support programme.

3.3.7 Informed consent

Once initial interest and contact details were obtained, participants were sent a 'Letter of Invitation (appendix H), 'Participant Information Form' (appendix F) as well as a 'Participant Consent Form' (appendix G) via email ahead of the interview. This way, it allowed the participants to be fully informed of the project and provided them with an opportunity to plan any questions that they may have. The signed consent forms were collected before the research was conducted by the Researcher. At all stages of the recruitment process potential participants were reminded that they can withdraw from the project at any point without providing an explanation.

3.3.8 Interview Location:

A private and quiet meeting room at the main Children's Centre offices at Portside Hub, Ellesmere Port was used as the location to host the research interview. This was decided to be a suitable venue due to the familiarity of it to the participants. DiCacco-Bloom and Crabtree (2006) emphasise on the importance of establishing a safe and comfortable environment for sharing the interviewee's personal experiences.

3.4 Procedures

Each participant was required to participate in one, semi-structured interview with the researcher. Each interview lasted approximately between thirty and forty-five minutes.The strength of the interviewer-participant relationship is perhaps the single most important aspect of a qualitative research project; it is through this relationship that all data is collected and data validity is strengthened (Knox & Burkard, 2009). This rapport developed ensured that the participants felt comfortable, confident and at ease when sharing their experiences and breastfeeding journey. Therefore, prior to the interview commencing, each participant was asked if they had any questions regarding the study and were reminded that they can withdraw from the project at any stage without explanation. Participants were also thanked for their time, participation and contribution to the study.

The interview was based on a pre-designed interview guide (appendix A) which consisted of open-ended questions that related back to the research question. On some occasions further explanations or rephrasing of the questions was required in order to aid the participant's understanding of the question and in addition to the researcher requiring further detail on a particular subject.

All interviews took place at Portside Hub, Ellesmere Port, Cheshire between July 17th 2015 and August 21st 2015. Dates and times of the interviews were mutually agreed between the participant and researcher.

The project complied with the Data Protection Act 1998 which requires data to be anonymised as soon as it is practical to do so. The data was stored securely, in paper and electronic form, as appropriate and confidentially for a minimum of 10 years as required.

At each stage for the study process, each participant was reminded that all information provided and shared will remain confidential with only the researcher will have access to the information supplied. In addition, the written and signed consent forms were transported and stored securely with only the resarcher having access. Each participant was assigned with a unique ID only known to the researcher.

3.5 Data Collection and Analysis

All interviews were audio recorded, using a digital audio recording device. Each audio recording was transcribbed by the researcher verbatim into a written account of each interview. This transcription occurred as soon as possible after the interview took place. The transcription recorded the verbal conversation as well as non-verbal cues and noises that would be considered to be of relevance. All participants consented to the interviews being audio recorded prior to recording.

As the nature of the data in this study is qualitative, data analysis was conducted through thematic analysis as documented by Braun & Clarke (2006). They have identified the five stages that is involved using this method; Familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, producing the report.

Analysing of the data progressed iteratively which involved listening to interview recordings, reading verbatim transcripts, identifying and interpreting themes.

Chapter 4 – FINDINGS

We know that breastfeeding rates in Ellesmere Port are lower than national rates. As the data in this section suggests, breastfeeding rates are only a small part of the breastfeeding journey. The data provides an insight into the factors involved in the decisions and actions taken by mothers in order to support their breastfeeding journey and how mothers experienced breastfeeding emerged. For the purpose of brevity, the four most salient areas to emerge; the role of the Infant Feeding Team; the importance of informal support networks, the impact of social media and the role of fathers, will be outlined.

4.1 Participant profiles

Sarah is a married mum of one and is pregnant with her second child. Sarah's daughter is 19 months old and has breastfed her daughter until she was 13-14 months old. Sarah says that she knew from the time she was first pregnant that breastfeeding was always something she wanted to do. Sarah found that the convenience of breastfeeding was a motivating factor that kept her determined to breastfeed on her journey.

Kate is a 28 year old married mum from Ellesmere Port. Kate has one child who is 9 months old and they are still breastfeeding. Kate explains that having a sister who has breastfed, another sister who is is a midwife as well as the support of her own mother were all key motivating factors in her breastfeeding journey.

Chloe is a 23 year old married mum who has one child of 8 and ½ months. Chloe was determined to breastfeed her child when pregnant and has overcome many obstacles

in order to succeed in breastfeeding. The special bond that is created between mother and baby is one of the rewarding benefits Chloe enjoys most about breastfeeding.

Jess is 27 years old and from Ellesmere Port. Jess has two children; her first aged 7 years and her second aged 8 months and has breastfed both of them. Jess currently works as a Teaching Assisstant but has previously worked as a breastfeeding support worker at Liverpool Women's Hospital following her first breastfeeding experience. Jess' current target is to breastfeeding until her youngest is 1 year old.

Jenny is a young mum of 25 years of age who has two children. Jenny had her first child when she was 19 years old and her second is 6 months of age. Jenny has been to University and is currently employed. Breastfeeding to Jenny is something she always thought she had to do and never even considered using a bottle to feed either child. She has been through some tough challenges on her second breastfeeding journey and is looking to breastfeed her youngest she reaches 9 months.

Lauren is 29 years old and is from the Rossmore ward of Ellesmere Port. Lauren is married with four children; three boys and one girl. Her only daughter is Lauren's youngest at eight months of age. Having attempted to breastfeed her first child she encountered various difficulties and resorted to breastfeeding her three boys formula. However, while pregnant with her fourth she was determined and motivated to breastfeed as she believed it was the best thing to do for herself and her child. That motivation has led Lauren to exclusively breastfeed her daughter.

4.2 The role of the Infant Feeding Team

The mothers in this study reflected back on the care they had while in hospital and when they returned home. The experience received in hospital was seen as positive however the quality of information and level of care and support given regarding breastfeeding was relayed as inconsistent. Chloe recalls on her experience of first breastfeeding after giving birth;

> *"After she was born, I had one feed with her which was kinda supported by the Midwife who had delivered her. She kind of left us to it, which I thought was a bit, she kind of could have leant us a hand really…and I was panicking and stuff"*

Sarah reflects on the moment she first began to breastfeed her daughter;

> *"I can't even remember if they asked me if I wanted to. I think they just said are you going to do any skin to skin time and I said yes and they said well just put her on your chest and see if she wants to feed sort of thing."*

Kate's intial breastfeeding experience reinforces that of Chloe and Sarah. Kate mentions that from having conflicting advice at the beginning she can understand why many mums would give up after a few days;

> *"When I first gave birth to him, at the hospital I had a little bit of conflicting advice from the Infant Feeding Team…so maybe only one person should give advice? And I suppose with breastfeeding, people have their own ideas about it and their own little tricks and you know, so I was getting a little bit confused about you know, if I was doing anything wrong or anything right."*

In addition, Lauren shares how she felt after giving birth:

> *"It was like they just wanted me in and out. Maybe because it was the fourth, I don't know? They should have spent more time (encouraging breastfeeding)"*

Initial, effective and empathetic support has been seen as key in terms of initiation and continuation rates with breastfeeding; from information and support given antenatal to practical advice and care postpartum. These young mums recall on the positive experience they have had with their midwife in their third trimester of pregnancy which further encouraged and supported them to breastfeed. Chloe reflects on the positive experience she shared with her breastfeeding midwife;

> *"She came around to my house and it was really good. She knew her stuff obviously and made me feel a bit better about my decision and stuff and didn't make me feel like I was the only person in the world breastfeeding….she was great, dead friendly!"*

Jessica explains about her similar experience;

> *"She was going through all the benefits of breastfeeding and telling me all the information about it really and it was literally there and then that I thought oh actually this is better for myself and the baby. That's when I decided oh that's (breastfeeding) what I am going to do."*

The help and support received ante and postnatal by these mothers has been highlighted as inconsistent which can lead to a hinderance in a young mums ability to long term breastfeeding continuation rates. From receiving a lack of empathy, it did encourage more of the mums to engage in informal social network support rather professional opinions.

4.3 The importance of support networks

The young mothers in this study highlighted how important the experiences and support of significant others around them were in their commitment to, and success with, breastfeeding. These support networks streched from the nuclear family unit to their wider group of social networks i.e. friends and work colleagues.This indicated that these mothers are highly influenced by the breastfeeding culture around them; be it an active or dormant culture.

One of the mums, Kate explains how being exposed to breastfeeding from quite an early age infuenced her to breastfeed her son:

> *"I was breastfed as a baby and so were my sisters as well and my older sister breastfed my niece. I suppose it has been in the family if you like…..so it has been normal to me"*

Sarah who also breastfed her first child further expresses how the actions and behaviours of her family and friends aided in her breastfeeding journey:

> *"What really helped with my family, family friends, and everyone around was that after she was born, breastfeeding was seen as normal, so I didn't feel embarrassed or worried "*

However while the exposure to breastfeeding was encouraging, the knowledge, attitude and beliefs of those support networks around the mothers appeared to play a significant role in facilitating breastfeeding. The role of the mother, mother – in – law and of other female family members seemed to be extremely influencial in a young mums breastfeeding decision and on whether she should continue to breastfeed or not.

Lauren's close female support network varied in opinions by having a sister and mother with very different opinions on breastfeeding. Laura first describes her own mother's opinion:

> *"My mum is completely against breastfeeding, ugh no. She said it just isn't for her and never breastfed any of us"*

Moreover and on the contrary, while Laura had made the decision to breastfeed her daughter she explains how important the role her sister played in helping her on this journey. She further describes how having a sister who breastfed, provided her with the support and encouragement during times of worry and doubt when breastfeeding her daughter. This highlights the influencial impact other women have on new breastfeeding mothers and further provides evidence on how important role-modelling support is:

> *"My other sister Catherine, she breastfeeds her little boy as well, she was always at the other end of the phone if I ever had any questions or anything like if I am worried if the baby isn't getting enough. She was really supportive and encouraging, so supportive"*

These experiences, values and support factors highlight the influence and importance a young mothers family and friends have on their breastfeeding initation and duration. This further reinforces the value young mums place on the support of their peers and relatives.

4.4 The impact of social media

Social media plays a huge role in today's society. It is involved in nearly every aspect of day to day life. Even more so with the easy access to the internet through mobile devices it is understandable as to why the young mothers in this study mentioned it as a supportive tool in their breastfeeding journey.

Jenny found that social media and the availability of local breastfeeding support groups helped with any sort of feeling of isolation and lonliness she had;

> *"It was nice to make friends through it, I went while I still had mastitis so I was speaking with another woman who was going through the same as well, so it was nice to know that I wasn't the only one and there was other people struggling as well"*

Lauren equally found encouragement and support through social media. She explains how she shares her and her daughter's breastfeeding journey on Facebook and how it is positively welcomed;

> *"Well I've put it on social media as well. I've wrote each month, it is like an extra milestone, isn't it? I've put her weight on the Facebook and like "7 months exclusively breastfeeding" and loads of people liked it"*
>
> *"I had a lot of people texting me saying 'I wish I breastfed" or "I so wish I carried on with it"*

Jessica has had a similar experience to Lauren and Jenny and believes that having access to round the clock support through social networking has enabled her to continue breastfeeding;

> *"I have joined, obviously the 'Bosom Buddies' on Facebook as well which is really helpful because any time day or night you can go on there and if you have a question you can (ask). I think it is more about you just want to hear it is normal, whatever they're doing"*

It is noticed that these informal information points such as Facebook and blogs were preferred tools and sources of information which can be related to the mothers' desire to access information insantly and without complication. Listening to and engaging with other morthers experience provides further evidence of the positive impact that role modelling and peer support has on a mothers breastfeeding experience.

4.5 The role of fathers

Breastfeeding is an experience that involves both mother and child intimately. Due to this, some new fathers can feel quite isolated and removed from the feeding experience. However at the same time, the mothers did express how supportive and 'hands on' their partners were and how much they wanted to be involved in their child's early years development and not just the feeding experience.

Sarah gives her view on how dads and partners accustom to the new parental role;

> *"…lots of other halves are brilliant and they want to be very hands on"*

Kate completely agrees with Sarah and further portrays her husband's opinion on breastfeeding:

> *"..my husband, yeah, he's been supportive the whole way through"*

> *"..he said he would have been disappointed if I hadn't tried (breastfeeding), so for him it was quite important"*

Jessica and her partner have found the breastfeeding journey to be that of a family experience;

> *"…although he (her partner) doesn't get involved with the feeding but he has found it you know with all the other things he is able to do with her, like bath her, change her and putting her to bed. I think he has found that more valuable as it is his quality time with her"*

Understanding the different roles available to both parents can help create individual and unique bonds between parent and child. From the findings 'dad's time' has been highlighted as very important to the new fathers in developing that bond and relationship.

Chapter 5 – DISCUSSION

Although the findings in this study are primarily based on Caucasian women living in the West Cheshire area of Ellesmere Port who would be considered as motivated and quite 'pro-breastfeeding' they do suggest important factors that could influence and aid in breastfeeding initiation and continuation rates throughout the UK.

This study highlighted the reliance and the importance these mother's had on informal support networks such as social media, peers and relatives on obtaining information and support on breastfeeding. While this informal support network included family and peers close to the mothers it also encompassed peers who were unknown to them such as those on the 'Bosom Buddies Breastfeeding Support Chester and Ellesmere Port' Facebook page. The findings have suggested that young mothers place a huge amount of trust and reliance on the advice and experience shared by networking site users. Many researchers who have completed studies on younger mothers and breastfeeding have also found this strong influence, particularly of partners and maternal mothers (Noble-Carr & Bell, 2012). The findings also raised the question about young mums feeling more confident or more comfortable in seeking help and advice through these informal channels instead of the traditional routes of Health Visitors and other health professionals. The continuing development of accessing information from informal sources has implications for policy and programme makers in terms of creating suggestions for what can been seen as preferred methods to provide support and information by the young mums. This finding provides scope for further research to be conducted in this area.

Health professionals such as midwives, health visitors and the hospital's infant feeding team play an influential part in breastfeeding initiation and continuation. The young

mothers here spoke about the disparity in support and information received from this early year's team. Empathy, re-assurance and consistency is what the mothers eluded to expect during the first few weeks postpartum. However while some experiences encompassed the latter, some didn't. Non-judgemental and empathic support is crucial for facilitating breastfeeding successes (Noble-Carr & Bell, 2012). Ensuring appropriate training with consistent help and advice is imperative to successful breastfeeding.

This study although small and exploratory in nature, was important, as it provided the younger mothers with a voice (Noble-Carr & Bell, 2012); it facilitated an opportunity for experiences to be shared. Breastfeeding is a role that does involve both mother and baby however fathers can play quite a crucial part in this journey as well. Although fathers have typically been perceived and judged by their breadwinning or provisioning, fathers fill other significant roles (Lamb & Tamis - Lemonda, n.d.). Evidence suggests that the role a woman's partner plays in both her decision to initiate and ability to continue breastfeeding is critical (Brown & Davies, 2014). The young mothers in this study highlighted how much they relied on their husband's support and by delegating roles and responsibilities of the child care, it allowed both parents to play important parts in their child's younger years.

Dads can be heavily involved in their child's breastfeeding journey, however some may feel helpless as to how to support their partner and child and how to be involved. Understanding this, highlights the need for support mechanisms to be directed towards fathers in regards to breastfeeding information and support.

National and community programmes incorporating fathers and families have the potential to enable dads to encourage breastfeeding and understand how to further

support their partner and allow breastfeeding to be a family experience thereby recognising it as a normative behaviour.

5.1 Sample Bias

Due to the nature of this study and surrounding factors, bias may arise from the study population. This is due to the limited sample size and the participants being recruited from a particular demographic i.e. Cheshire West. Therefore the data cannot be generalised to the entire population but may act as an indicator.

Chapter 6 – CONCLUSION

These mothers are positive female role models; they are fighting and winning in the battle against the social stigma associated with breastfeeding. The findings from this study highlight the motivating factors which encourage young mothers to initiate and continue breastfeeding. The factors provide an insight into these mothers world and allows for a greater understanding as to what enables and supports them in feeding their new child. The role family, friends and husbands play is strong and influencing. The mums explained how they often sought advice and support from this close network; be it correct or not. In addition the role social media and informal support networks play is imperative to understand and must not go unnoticed.

While this study provides a unique view into what supports young mothers to breastfeed among this demographic; further work is imperative to extend the evidence base in this field. This and further research can enable policy and programme developers to create initiatives surrounding breastfeeding as support mechanisms young mums understand and can relate to.

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University of Chester

APPENDICES

APPENDIX A

Semi-structured interview topic guide

Title: Factors supporting successful breastfeeding in young women from low socioeconomic groups in the Cheshire and Merseyside areas

Introduction

Hello, thank you for agreeing to take part in today's short interview. I am here today to hear about what has helped you choose to breastfeed and what the factors are that have supported your breastfeeding experience.

Before we start, I would just like to remind you, that with your agreement this interview will be audio-recorded. The information that I collect today will be used in my final year project. All information will be anonymous and treated confidentially. Names will not be used in the final report and no one will be identifiable.

Main Questions

Question 1: So, let's start; can you please tell me about yourself and your child or children?

> Probing question: How old is your baby or children?
>
> Dialogue; interviewer to interviewee: As you know, I am interested to hear about your breastfeeding experience, let's start at the beginning.

Question 2: When did you decide that you were going to breastfeed?

Question 3: What was it that made you decide to breastfeed?

Question 4: How easy was that decision for you?

Question 5: Looking back, what would you say were the major influences on your decision at that time?

Question 6: Did you have any doubts or uncertainties at all?

Question 7: How has breastfeeding your baby made you feel?

Question 8: What has helped you to continue to breastfeed?

> Probing question: Have your family or friends helped you?

APPENDIX A

Question 9: Can you describe to me what your partner/mother/friends/family think about you breastfeeding?

Question 10: If you were to give advice or support to another young mum who is breastfeeding their baby, what would you say, suggest or do?

Question 11: As you have been breastfeeding for at least 6 weeks, do you consider your breastfeeding experience as ‘successful’? How would you describe it as being ‘successful’?

Clarifying questions to use

Question 1: Can you please tell me a little bit more about…

Question 2: Can you please tell me anything else about/on this?

Question3: How did that make you feel?

Thank you for your time. Do you have any questions for me?

APPENDIX B

University of Chester

Faculty of Life Sciences
Research Ethics Committee

frec@chester.ac.uk

18/05/2015

Seona Dunne
12 South Bank
Abbots Park

Dear Seona

Study title: **Factors supporting successful breastfeeding in young women from low-socio economic groups in Cheshire and Merseyside areas.**
FREC reference: **1035/15/SD/CSN**
Version number: **1**

Thank you for sending your application to the Faculty of Life Sciences Research Ethics Committee for review.

I am pleased to confirm ethical approval for the above research, provided that you comply with the conditions set out in the attached document, and adhere to the processes described in your application form and supporting documentation.

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Application Form	1	March 2015
Appendix 1 – List of References	1	March 2015
Appendix 2 – Summary CV for Lead Researcher	1	March 2015
Appendix 3 – Letter(s) of invitation to participants	1	March 2015
Appendix 4 – Participant Information Sheet [PIS]	3	March 2015
Appendix 5 – Participant Consent Form	1	March 2015
Appendix 6 – Information sheets/letters to other relevant personnel	3	March 2015
Appendix 7 – Written permissions from relevant personnel	1	March 2015
Appendix 8 – Interview schedule	3	March 2015
Appendix 9 –	1	March 2015
Appendix 10 –	1	March 2015
Appendix 11 –	1	March 2015
Response to FREC request for further information or		March 2015

clarification		

Please note that this approval is given in accordance with the requirements of English law only. For research taking place wholly or partly within other jurisdictions (including Wales, Scotland and Northern Ireland), you should seek further advice from the Committee Chair / Secretary or the Research and Knowledge Transfer Office and may need additional approval from the appropriate agencies in the country (or countries) in which the research will take place.

With the Committee's best wishes for the success of this project.

Yours sincerely,

Dr. Stephen Fallows
Chair, Faculty Research Ethics Committee

Enclosures: Standard conditions of approval.

Cc. Supervisor/FREC Representative

APPENDIX C

University of Chester

Faculty of Life Sciences
Research Ethics Committee

frec@chester.ac.uk

Seona Dunne
12 South Bank
Abbots Park

Dear Seona

Study title: **Factors supporting successful breastfeeding in young women from low-socio economic groups in Cheshire and Merseyside areas.**
FREC reference: **1035/15/SD/CSN**
Version number: **1**

Thank you for providing notice of variation to the above project.

This variation has been approved by the Faculty Research Ethics Committee:-

- Recruiting via a closed Facebook page.

With the Committee's best wishes for the success of this project.

Yours sincerely,

Dr. Stephen Fallows
Chair, Faculty Research Ethics Committee

APPENDIX D

Letter of Invitation to 'gatekeepers'

Factors supporting successful breastfeeding in young women from low socio economic areas in Cheshire and Merseyside

Date:

Dear

My name is Seóna Dunne and I am a MSc. Public Health Nutrition student at the University of Chester. I am conducting a research study for my final MSc. project and would like to ask for your help with this study.

I am currently looking to recruit 6-8 young mothers aged between 18-30 years who have breastfed for at least 6 weeks and who are living in socially deprived areas; that is, an area or locality described or designated as an area of high social and economic deprivation, including high unemployment. The particular areas pinpointed for recruitment in Cheshire include Ellesmere Port, Blacon and Lache. I have contacted you due to the nature of your work or experience in the area of breastfeeding or health and wellbeing of young people. I hope you will agree to help by advising me or assisting me in the recruitment of participants.

This is a qualitative study and so I will be looking to interview these mothers to understand what encouraged and motivated them to breastfeed as well as what supporting factors have enabled them to breastfeed for at least 6 weeks. The inclusion criteria for this study states that the mother must live in a socially deprived area, be between the ages of 18 and 30 years old and who has breastfed her child for at least six weeks or is breastfeeding at time of recruitment. The exclusion criteria includes that the participant and baby must not have had a serious illness and the mother has not been a member of an organised breastfeeding support programme

APPENDIX D

I have enclosed an information sheet which will give you some more information about this project. I will be happy to answer any questions you may have about the study. You may contact me via email at the following address: 1300009@chester.ac.uk.

Kindest Regards,

Seóna Dunne

APPENDIX E

Facebook post – participant recruitment

Good Evening Ladies!

I hope you are all keeping well. My name is Seóna Dunne and I am undertaking a research project as part of my Masters degree in Public Health Nutrition at the University of Chester.

This project is looking at factors which support mothers between the ages of 18 and 30 years to successfully breastfeed. I am looking to interview mums from the Ellesmere Port, Lache and/or Blacon areas who have decided to breastfeed their baby and have been breastfeeding for at least 6 weeks or who are currently breastfeeding to understand what has helped their breastfeeding experience.

I would be delighted if any of you would be interested in taking part in the study. Please comment below if you are happy to partake and I will provide you with my email address and we can communicate further. **smile emoticon**

Thank you for your time in reading this ladies,

Looking forward to hearing from you,

Seóna

APPENDIX F

University of Chester

Participant Information Sheet

Factors supporting successful breastfeeding in young women from low socio economic areas

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information and discuss it with others if you wish. Do ask me if there is anything that is unclear or if you would like more information. Please take time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the study?
This research is being undertaken with young mothers who have decided to breastfeed their baby and have been breastfeeding for at least 6 weeks. By understanding what helps young mothers to breastfeed it could lead to increased breastfeeding practices among mothers in the UK.

Why have I been chosen?
You have been chosen as you are a young mother who has decided to breastfeed your baby for at least 6 weeks. Therefore, your experiences are important to us.

Do I have to take part?
It is up to you to decide whether or not to take part. If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect you in any way.

What will happen to me if I take part?
If you agree to take part, you will be interviewed by a female researcher at your local Children's Centre. With your permission the interview will be audio recorded and should last approximately 30 minutes. The researcher will ask you about your personal experience of breastfeeding your child and how this may support other women. Names will not be used in the final report and no one will be identifiable.

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What are the possible disadvantages and risks of taking part?
There are no disadvantages or risks foreseen in taking part in this study.

What are the possible benefits of taking part?
By taking part, you will be contributing very important information to the development of successful breastfeeding programmes and practices across the UK.

What if something goes wrong?
If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact Professor Sarah Andrew, Dean of the Faculty of Life Sciences, University of Chester, Parkgate Road, Chester, CH1 4BJ, 01244 513055 or s.andrew@chester.ac.uk

Will my taking part in the study be kept confidential?
All information which is collected about you during the course of this study will be kept strictly confidential. Only the researcher carrying out the research will have access to such information.

What will happen to the results of the research study?
The results will be written up into a dissertation for my final project of my MSc. Individuals who participate will not be identifiable in any subsequent report or publication.

Who is organising the research?
The research is conducted as part of a MSc. in Public Health Nutrition within the Department of Clinical Sciences & Nutrition at the University of Chester. The study is organised with supervision from the department, by Seóna Dunne, a MSc. student.

Who may I contact for further information?
If you would like more information about the research before you decide whether or not you would be willing to take part, please contact:

Seóna Dunne at the following email address: 1300009@chester.ac.uk

Thank you for your interest in this research.

APPENDIX G

University of Chester

Title of Project: Factors supporting successful breastfeeding in young women from low socio economic groups in the Cheshire and Merseyside areas.

Name of Researcher: Seóna Dunne

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected. ☐
3. I agree for my interview to be audio-recorded ☐
4. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Researcher	Date	Signature

1 for participant; 1 for researcher

APPENDIX H

Letter of Invitation

Factors supporting successful breastfeeding in young women from low socio economic areas in Cheshire and Merseyside

Date:

Dear ,

My name is Seóna Dunne and I am a Public Health Nutrition student at the University of Chester. I am conducting a research study for my final year project and would like to invite you to participate.

If you decide to participate, you will be asked to meet with me for a short interview, where you will be asked questions about what has helped you choose to breastfeed and the factors supporting your breastfeeding experience. The interview will take place at your local Children's centre and should last approximately 30 minutes long. The data I collect will be anonymous and all information will be treated confidentially. The findings will be written up into a report that may inform professionals on how best to support other young women to breastfeed their child.

I have enclosed an information sheet which provides more information and I am happy to answer any questions you may have about the study. You may contact me by email at 1300009@chester.ac.uk

Thank you for taking the time to consider this. If you would kindly agree to participate, please read the enclosed documents (participant information sheet & consent form) and contact me at the above contact detail to discuss further about participating.

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Kindest Regards,

Seóna Dunne